



# APPLICATION FOR NEW COMMERCIAL DRIVER TRAINING INSTRUCTOR

State Form 50515 (R / 8-07)

Approved by State Board of Accounts, 2008

INDIANA BUREAU OF MOTOR VEHICLES

The information in this document is confidential according to 140 IAC 4-1-1 thru 14.

\* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is voluntary and you will not be penalized for refusal.

INSTRUCTIONS: Please print or type

LICENSE FEE: \$ 10.00

## GENERAL INFORMATION ABOUT THE APPLICANT

Name of applicant (last, first, middle initial)				Date of application (month, day, year)	
Home address (number and street, city, state and ZIP code)				Social Security number *	
Home telephone number ( )		E-mail address		Drivers license number	
Height	Weight	Color of eyes	Color of hair	Sex	Date of birth (month, day, year)
Name of nearest relative		Address of nearest relative (number and street, city, state and ZIP code)			
Name of commercial driver training school (where you will be an instructor)					
Address of school (number and street, city, state and ZIP code)					

## EDUCATION AND MILITARY SERVICE

EDUCATION (check the highest grade completed)

GRADE SCHOOL ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 HIGH SCHOOL ☐ 9 ☐ 10 ☐ 11 ☐ 12 OTHER ☐ 1 ☐ 2 COLLEGE ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Have you successfully completed a course in Driver Education at an accredited College or University? (if yes, complete the following) ☐ Yes ☐ No

Name of college or university	Hours attended	Date of completion (month, day, year)	Name of instructor
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## MILITARY SERVICE

Are you a veteran? (if yes, complete the following) ☐ Yes ☐ No

Date of service (month, day, year) From: To:	Branch of service	Type of discharge
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## EMPLOYMENT HISTORY

List employment for the last 5 years

Name of employer	Address of employer (number and street, city, state and ZIP code)	
Job title	Date of employment (month, day, year) From: To:	Reason for leaving
Name of employer	Address of employer (number and street, city, state and ZIP code)	
Job title	Date of employment (month, day, year) From: To:	Reason for leaving
Name of employer	Address of employer (number and street, city, state and ZIP code)	
Job title	Date of employment (month, day, year) From: To:	Reason for leaving
Name of employer	Address of employer (number and street, city, state and ZIP code)	
Job title	Date of employment (month, day, year) From: To:	Reason for leaving
Name of employer	Address of employer (number and street, city, state and ZIP code)	
Job title	Date of employment (month, day, year) From: To:	Reason for leaving

## QUESTIONS

You must answer each of the following questions. All questions answered "Yes" must be explained in the area provided on this application.

1. Have you ever been known by any name other than the one shown on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been charged with, or convicted of, a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been charged with, or convicted of, manslaughter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been charged with, or convicted of, reckless homicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been charged with, or convicted of, driving under the influence of intoxicating liquor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been charged with, or convicted of, driving under the influence of narcotics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever been charged with, or convicted of, leaving the scene of a traffic accident involving death or personal injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever been charged with, or convicted of, perjury or making any false statements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever been charged with, or convicted of, any traffic violation other than parking violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever been charged with, or convicted of, any crime involving immoral conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you ever been charged with, or convicted of, any misdemeanor other than traffic violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you now involved with any investigations or court proceedings relating to the matters stated in questions 2, 3, 4, 5, 6, 7, 8, 9, 10, or 11?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Has your license to drive in Indiana or any other state ever been refused, cancelled, suspended, or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Has your commercial driving training school instructor's license ever been denied, cancelled, suspended, or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is there any motor vehicle accident judgments against you that have not been satisfied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have you given driver training instruction for compensation within the past twelve (12) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Explanation of all the previous questions answered "Yes"

**AFFIDAVIT OF APPLICANT**

The applicant understands and agrees that:

1. If he/she terminates employment with the commercial driver training school listed herein he/she will surrender his/her license to instruct at said school,
2. If he/she becomes employed by another commercial driving training school, he/she will make application for a new instructor's license for said school.

The undersigned affirms that he/she has read the entire foregoing application; that he/she knows the contents thereof; and that all answers, statements and all other matters contained therein are true in substance and in fact, and that the undersigned is of high moral character and reputation and has not been adjudicated a felon the ten (10) years immediately preceding the date of application.

Signature of applicant	Printed name of applicant	Date signed ( <i>month, day, year</i> )
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**NOTARY CERTIFICATE**

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } SS:

I, \_\_\_\_\_, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of applicant	Signature of Notary Public	
Printed or typed name of applicant	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public ( <i>month, day, year</i> )	County of residence	Date commission expires ( <i>month, day, year</i> )

**COMMERCIAL DRIVER TRAINING SCHOOL ENDORSEMENT**

An authorized official of the Commercial Driver Training School must sign this application.

Signature of authorized official	Date of signature ( <i>month, day, year</i> )
Printed or typed name of authorized official	Title of authorized official